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Security Council

Sixty-sixth year

Provisional

6547th meeting

Tuesday, 7 June 2011, 10.30 a.m.

New York

President:	Mr. Bongo Ondimba	(Gabon)
Members:	Bosnia and Herzegovina	Mr. Barbalić
	Brazil	Mrs. Viotti
	China	Mr. Li Baodong
	Colombia	Mr. Osorio
	France	Mr. Juppé
	Germany	Mr. Berger
	India	Mr. Hardeep Singh Puri
	Lebanon	Mr. Salam
	Nigeria	Mr. Jonathan
	Portugal	Mr. Moraes Cabral
	Russian Federation	Mr. Churkin
	South Africa	Mr. Motlanthe
	United Kingdom of Great Britain and Northern Ireland	Sir Mark Lyall Grant
	United States of America	Ms. Rice

Agenda

Maintenance of international peace and security

Impact of HIV/AIDS epidemic on international peace and security

Letter dated 6 June 2011 from the Permanent Representative of Gabon to the United Nations addressed to the Secretary-General (S/2011/340)

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The meeting was called to order at 10.50 a.m.

Adoption of the agenda

The agenda was adopted.

Maintenance of international peace and security

Impact of HIV/AIDS epidemic on international peace and security

Letter dated 6 June 2011 from the Permanent Representative of Gabon to the United Nations addressed to the Secretary-General (S/2011/340)

The President (*spoke in French*): In accordance with rule 39 of the Council's provisional rules of procedure, I invite Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS, to participate in this meeting.

It is so decided.

I wish to welcome warmly the Secretary-General, the President of Nigeria, the Deputy President of South Africa and the other distinguished guests who are participating in today's meeting. Their presence is an indication of the importance of the issue to be discussed.

The Security Council will now begin its consideration of the item on its agenda.

I wish to draw the attention of Council members to document S/2011/341, which contains the text of a draft resolution submitted by Bosnia and Herzegovina, France, Gabon, Germany, Nigeria, Portugal, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

I also draw the attention of Council members to document S/2011/340, which contains a letter dated 6 June 2011 from the Permanent Representative of Gabon addressed to the Secretary-General, transmitting a concept paper on the item under consideration.

The HIV/AIDS pandemic, which affects all persons without discrimination, has deprived several countries of the human resources crucial to their development. The instability and armed conflicts that are rife in Africa in particular have brought to light the impact of HIV/AIDS on international security.

It will be recalled that on 17 July 2000, the Security Council, at the initiative of the United States of America, adopted resolution 1308 (2000). Gabon, which had just ended a term on the Council, had supported its preparation. Resolution 1308 (2000) underscored the threat posed by the disease to the staff of peacekeeping and peacebuilding missions. Conflicts expose the issue of sexual violence that some combatants use as a weapon of war and that is a compounding factor.

The debate that brings us together today is intended to consider the progress made since the adoption of resolution 1308 (2000). We must thus go further by adopting measures to protect civilian populations from such violence. The draft resolution submitted by my delegation and co-sponsored by Bosnia and Herzegovina, France, Germany, Nigeria, Portugal, the United Kingdom of Great Britain and Northern Ireland and the United States of America is part of that approach, and I thank the Council and those delegations for their support.

I will now make a statement in my national capacity.

As we know, starting tomorrow, the General Assembly will hold a high-level meeting commemorating the tenth anniversary of the adoption of the Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2). Also 10 years ago, the Security Council took an historic step in adopting resolution 1308 (2000), on the impact of HIV/AIDS on international peace and security.

It seemed to us timely for the Council to reconsider the issue in the light of the developing dynamic of the current crises and conflicts and the peacebuilding process. Here, we should commend the commitment of the United States, which enabled the Council to adopt resolution 1308 (2000).

Since then, thanks to the efforts made individually or jointly by the troop-contributing countries, the Department of Peacekeeping Operations and the Joint United Nations Programme on HIV/AIDS, progress has been made in training the civilian and military staff of United Nations missions prior to their deployment to peacekeeping and peacebuilding missions.

That concern is now fully taken into account in those missions. That positive development is reflected in the implementation of prevention programmes; joint actions between mission staff and the security forces and local communities in the countries involved; a

greater awareness among mission personnel of their individual and collective criminal accountability; and the establishment of codes of good conduct for mission staff and personnel on the ground.

Today's meeting offers us the opportunity to take stock of future challenges as the HIV/AIDS pandemic remains an obstacle to the development of our countries and a threat to collective security. New factors continue to influence the dynamics of crises, conflicts and peacebuilding processes. That is particularly true in sub-Saharan Africa.

Our first concern arises from the borderline and regional nature of conflicts. In almost all cases, crises unleash population movements and thereby increase the risk of spreading HIV/AIDS among displaced persons and refugees, who frequently have no access to health services during their migrations. Such risks are particularly apparent in the post-conflict phase.

For some years now, Gabon has hosted numerous refugees from conflict countries and can testify to the effects of such migratory movements on the stability and security of the host country. Indeed, sexual violence is frequently used as a weapon of war, with disastrous consequences. Given the established link between sexual violence and HIV/AIDS in conflict and post-conflict situations, civil populations — particularly women and girls — are the first to be exposed.

I should like here to make certain recommendations. In the light of the compounding factors that I have enumerated, I invite the Council to continue to consider the issue of the impact of HIV/AIDS on international peace and security.

With respect to sexual violence, I stress the importance of continuing to implement resolutions 1820 (2008), 1888 (2009) and 1960 (2010), given that the need to counter such violence, particularly towards women and children, is an important aspect of the processes involved in resolving conflicts and building peace. Such action allows their full involvement in these processes. To that end, it is desirable to create synergy between policies to combat HIV/AIDS and strategies to prevent sexual violence in conflict and post-conflict situations. I take this opportunity to invite the international financial institutions, in cooperation with States, to mobilize further resources to build the capacities of national health systems in order to ensure that persons who are infected with or affected by HIV/AIDS enjoy adequate care and assistance.

On the ground, we must raise awareness of the parties to conflict regarding conduct towards civilian populations in armed conflicts that may exacerbate the spread of HIV/AIDS. It is also important to ensure the operationality of the HIV/AIDS prevention and treatment component in security sector reform activities and in disarmament, demobilization and reintegration mechanisms at the post-conflict stage. Finally, we must also strengthen programmes to combat HIV/AIDS in peacekeeping and peacebuilding missions, and continue to ensure the effectiveness of zero tolerance measures.

We hope that the draft resolution to be adopted shortly will reflect the Council's commitment to making a complementary and decisive contribution to global efforts to combat HIV/AIDS. The human security of present and future generations will depend on our collective ability permanently to remove the threat inherent in the pandemic.

I shall now resume my functions as President of the Council.

It is my understanding that the Council is ready to proceed to the vote on the draft resolution before it. I shall put the draft resolution to the vote now.

A vote was taken by show of hands.

In favour:

Bosnia and Herzegovina, Brazil, China, Colombia, France, Gabon, Germany, India, Lebanon, Nigeria, Portugal, Russian Federation, South Africa, United Kingdom of Great Britain and Northern Ireland and United States of America.

The President (*spoke in French*): There were 15 votes in favour. The draft resolution has been adopted unanimously as resolution 1983 (2011).

I now invite the Secretary-General, His Excellency Mr. Ban Ki-moon, to take the floor.

The Secretary-General (*spoke in French*): I thank President Ali Bongo Ondimba for having convened this important meeting. I greatly appreciate Gabon's leadership in submitting the vital resolution 1983 (2011), which has just been adopted. Now is the time for bold action.

More than 10 years ago, then United States Ambassador Richard Holbrooke pushed for the first discussion of HIV and AIDS in the Council Chamber. Ambassador Holbrooke was the consummate diplomat, but he was determined to raise the issue of HIV and AIDS even when it was undiplomatic. I commend the initiative of President Ali Bongo Ondimba. I am glad, that for the second time, the Security Council is discussing this important issue in parallel with the General Assembly.

We have come a long way since health issues were first discussed in the Council. I have continued with great regularity to bring AIDS to the Council's attention, particularly in my reports on sexual and gender-based violence and in those that highlight the important contributions of women to peace and security.

Whenever AIDS is part of the equation, the United Nations is working to be part of the solution. That began in 2000, when resolution 1308 (2000) was adopted. Today, the Joint United Nations Programme on HIV/AIDS, the Department of Peacekeeping Operations and a number of Governments are organizing training events for our Blue Helmets and troops in different countries so that they can make a difference.

(*spoke in English*)

Commitment starts at the top. I am raising this issue directly with world leaders, and my senior aides are equally passionate about our AIDS response. In Timor-Leste, my former Special Representative stepped up to test for HIV. The Deputy Special Representative quickly followed. So did the United Nations Police Commissioner, the Deputy Police Commissioner and many others. They were getting information on their health, setting an example and countering fear, stigma and discrimination.

In Lebanon, our Force Commander organized an event on prevention on World AIDS Day. Then and there, a contingent commander decided to be tested. Many of his troops were encouraged by his leadership. They also volunteered. For our personnel, predeployment HIV training is standard. We have trained over 1,500 peacekeepers as peer counsellors. In just five years, the number of Blue Helmets seeking voluntary counselling and testing increased from fewer than 2,000 to more than 14,000.

But we are not just helping our peacekeepers — they work so that people recovering from war do not also have to recover from disease. It is all part of the broader mission that the Council entrusts to our troops: to stop gender and sexual-based violence, to enhance the role of women and to protect children. It is also part of a broader international campaign, the Global Strategy for Women's and Children's Health. In conflict zones, refugee camps and anywhere people fear for their lives, women, young people and children are more vulnerable to contracting HIV.

Before resolution 1308 (2000) was adopted, uniformed personnel were viewed in terms of the risk they might pose to civilians. We now understand that United Nations troops and police are part of prevention, treatment and care. For example, we are working in Côte d'Ivoire, which has the highest prevalence of HIV in West Africa. The United Nations Operation in Côte d'Ivoire and United Nations co-sponsors are training troops and police on HIV, human rights and gender equality. They are also providing technical support on HIV in disarmament, demobilization and reintegration (DDR) programmes. By making HIV prevention part of our DDR activities, we can protect civilians from HIV. We can reduce discrimination. And we can help former soldiers living with HIV get the care and treatment they deserve.

We have to talk about sensitive issues when it comes to HIV and AIDS. We must be frank about where we are falling short. The Council has made major strides in addressing sexual violence in conflict. But rape is still a weapon of choice. This is an atrocious human rights violation. It is a war crime. And it is a public health threat. Women and girls are extremely vulnerable as victims but, more than that, they are agents of progress and change. I urge all members to link efforts to combat HIV and AIDS with our campaigns against sexual violence and for the rights of women. That means addressing the dangerous interaction between AIDS, the international drug trade, sex trafficking and the abuse of women. This problem is not getting the attention it deserves.

We also need action after the ink dries on agreements and the guns fall silent. We need to help shattered societies prevent the spread of HIV. And we must provide treatment to everyone who needs it. We can get the job done with our regional partners as long as we involve civil society organizations — the

activists, researchers and health workers who have brought us so far.

Today we are marking 30 years of our struggle against AIDS. But let us focus on a different number: zero. Let us get to no new infections, no discrimination and no AIDS-related deaths. That is our goal.

The President (*spoke in French*): I thank the Secretary-General for his statement.

I now give the floor to Mr. Michel Sidibé.

Mr. Sidibé (*spoke in French*): It is an honour and privilege to be here today. I would like to thank the Security Council for inviting me. I would especially like to thank the President of the Republic of Gabon and to commend him for his leadership in dramatically scaling up the response to AIDS in his own country. On behalf of the 30 million people who have died of AIDS, I also wish to thank him for being here today. His presence among us illustrates his personal commitment to this cause and his ongoing efforts on behalf of peace, security and stability throughout the world.

I would also like to thank my friend Alain Le Roy, Under-Secretary-General for Peacekeeping Operations, for once again drawing the attention of the Security Council to the critical relationship between AIDS and international peace and security.

The global response to AIDS is at a crossroads. The Security Council adopted resolution 1308 (2000) more than 10 years ago, and the General Assembly adopted the Declaration of Commitment on HIV/AIDS in 2001. We have made significant progress since then, providing HIV prevention, treatment, care and support services to peacekeepers and other uniformed personnel. But I remain deeply concerned by the ways AIDS still intersects with conflict. AIDS affects not only peacekeepers and others in uniform; it also has an impact on the populations with whom they interact. That is why resolution 1983 (2011), which has just been adopted, is so important to us.

Resolution 1308 (2000) was a watershed moment in the response to AIDS. We are indebted to the late Richard Holbrooke for backing that resolution so passionately. What he said then still holds true today, namely, that it was not the end of the process, but just a cornerstone for the future. Member States were right to recognize AIDS as a potential threat to peace and security. I want to thank the Secretary-General for repeatedly calling attention to AIDS in his reports to the Security Council.

Progress against HIV infection in people in uniform has been positive, but it remains uneven and insufficient. The risk that HIV poses to peace and security is far more nuanced than we thought in 2000. The nature of conflict and the epidemic itself have evolved. We are convinced that the fresh political commitments stemming from resolution 1983 (2011) will enable the United Nations to effectively contribute to the efforts of Member States to address the impact of AIDS on peace and security. In so doing, Member States will themselves be encouraged to strengthen their response to AIDS in national strategic plans and to put in place appropriate strategies, means and resources.

Tragically, we have seen an increase in the use of sexual violence as a weapon of war. This new resolution is moving in the right direction in calling for HIV prevention efforts among uniformed services to be aligned with efforts to prevent sexual violence in conflict.

The disproportionate burden of HIV on women is a serious obstacle to their full participation in efforts to prevent and resolve conflicts and in peacebuilding. It is my hope that the new resolution will motivate all parties concerned to better empower women and strengthen the capacities of national health systems and civil society networks in order to provide sustainable assistance to women infected or affected by HIV in conflict and post-conflict settings.

The response to AIDS has also changed dramatically since the adoption of resolution 1308 (2000). Today we have the capacity to provide treatment on a broad scale and to target prevention to populations at highest risk of HIV infection. We have seen that post-conflict and transition periods increase the risk of HIV transmission and of sexual violence. We know how to address both of those challenges. We have made progress and must now scale up those efforts. The Department of Peacekeeping Operations, in close collaboration with UNAIDS, wishes to work with Member States on disarmament, demobilization and reintegration and on security sector reform. That will allow countries to benefit from peacekeepers who are stronger, healthy and fit for even the most difficult peacekeeping missions.

(*spoke in English*)

Since the adoption of resolution 1308 (2000), we have come to understand that peacekeepers and the millions of people in uniform can play a leading role in HIV issues, as they secure peace around the world. Their extensive contacts with populations in conflict, post-conflict and other settings position them as agents of positive change, particularly with respect to preventing violence against women and girls in conflict.

I hope this new resolution will reinvigorate global and regional partnerships that are working to prevent conflict, ensure security and build peace. These partnerships can ensure that the United Nations contributes to building government and civil society capacities of Member States. There are symbiotic actions in the General Assembly to ensure that this happens. We are acutely aware that global, national and personal insecurity will undermine our efforts to achieve universal access to HIV/AIDS prevention, treatment, care and support. This new resolution is key to realizing exactly what the Secretary-General just mentioned: zero new HIV infections, zero discrimination and zero AIDS-related deaths.

The President (*spoke in French*): I thank Mr. Sidibé for his briefing. I now give the floor to the members of the Security Council.

(*spoke in English*)

I would now like to invite His Excellency Mr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria, to take the floor.

President Jonathan: I would like to express Nigeria's appreciation to you personally, Mr. President, and to the Government of Gabon for this valuable and timely initiative. The theme for today's debate is well conceived and should afford the Security Council the opportunity to examine, within its mandate, the inextricable linkage between international peace, security and development. I would also like to thank the Secretary-General, Mr. Ban Ki-moon, for his insightful briefing and commitment to fight the HIV/AIDS epidemic. Let me also thank Mr. Michel Sidibé for his comprehensive statement that we have just heard.

Our deliberation here today is a declaration of solidarity with the high-level meeting on HIV and AIDS that will begin here in New York tomorrow. It is also a demonstration of the Security Council's commitment to an issue that is pivotal to the development and security of Africa in particular and of the world since the adoption of resolution 1308 (2000) by the Council in the year 2000.

As the largest contributor to peacekeeping in Africa and the fourth largest in the world, Nigeria has a major stake not only in ensuring that our armed forces are protected against HIV and AIDS but that they are also given adequate treatment. We remain fully committed to ensuring that HIV and AIDS prevention, treatment and care are integrated into the health services of the country's armed forces.

In our subregion we have taken stringent steps towards that objective. For example, the Economic Community of West African States subregional Transport Corridor project — which encompasses Benin, Togo, Ghana and Côte d'Ivoire — is designed to halt and reverse the spread of HIV and AIDS among various populations, including military and paramilitary. We are committed to sustaining the momentum and indeed ensuring that we increase our level of engagement with the security services in these countries to reduce the impact of HIV and AIDS in the region.

We note with concern the consequences of gender-based violence related to HIV and AIDS, especially in conflict situations, as expounded by the Secretary-General and Mr. Sidibé. Nigeria joins the international community in ensuring that women and girls in conflict situations are adequately protected. A significant challenge, however, is the absence of formal modes of operations in the many unconventional military compositions, such as militias. That makes it difficult to mainstream HIV programmes into those operations and to evaluate progress. For that reason, among others, we welcome the inclusion of an awareness programme in the mandates of all United Nations peacekeeping operations.

Thirty years since the beginning of the AIDS pandemic, the time is ripe for a final solution. I reiterate Nigeria's unequivocal support for a global response to this scourge. As the Secretary-General recognized in his statement, the prevention imperative is upon us. The human, social and economic costs of inaction are too great to contemplate. As a consequence, it is incumbent upon the Security Council to set clear, decisive goals so that our efforts to

maintain peace can add to the armoury of weapons against HIV/AIDS. I pledge my nation's full support in this endeavour.

The President: I thank President Goodluck Jonathan for his statement.

I would now like to invite His Excellency Mr. Kgalema Motlanthe, Deputy President of South Africa, to take the floor.

Mr. Motlanthe: At the outset, I must extend my appreciation to His Excellency President Ali Bongo Ondimba of Gabon for convening this meeting. I would also like to express our appreciation to the Secretary-General of the United Nations, Mr. Ban Ki-moon, as well as to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Through your leadership, Mr. President, you have placed before us today an issue of critical global concern — the impact of HIV and AIDS on the maintenance of international peace and security. Tomorrow, the collective United Nations membership in the General Assembly will speak as one voice in assessing progress made and chart a global response to HIV and AIDS in general. Be assured, Mr. President, of my delegation's support and commitment to playing our role in dealing with the critical matters before us.

Although we are faced with such a daunting challenge, it is also fair to acknowledge the significant progress that the global community has made in addressing the HIV and AIDS epidemic. A substantial level of resources has been contributed to the research community on various fronts. Notable advances have been made by the pharmaceutical industry in the research and development of drugs, resulting in millions of lives being saved or prolonged. Moreover, Governments have committed themselves to addressing the epidemic in earnest.

However, we must face the fact that all these efforts have yet to turn the tide of this epidemic. Three decades on, the rate of new infections still outpaces treatment intervention, thereby compelling us to do more. In this connection, the shortage of financial resources remains a challenge for many developing countries, especially in sub-Saharan Africa. We would therefore like to encourage our donor partners to continue to fulfil their financial commitments made in various international forums.

We also share the view that no efforts should be spared in arresting the massive loss of lives affecting all sectors of society. It is imperative for the United Nations system to continue to pursue this objective in earnest. In this regard, the Security Council could also play a role in an integrated manner within the ambit of its mandate of maintaining international peace and security.

We applaud all innovative and collaborative efforts, such as those employed by the Department of Peacekeeping Operations and UNAIDS in addressing the epidemic in conflict areas.

We are mindful of the Charter obligations of the Security Council. In this context, my delegation views vulnerability as a key concern in the relationship between HIV and AIDS, and peace and security. The infrastructure, health services and social structures that traditionally provide support for communities are invariably destroyed in areas of conflict, instability and violence. These conditions increase exposure to ill-health and, consequently, the risk of acquisition and transmission of HIV. These conditions disrupt access to basic amenities and haemorrhage fragile public and health systems. In general, women and children bear the brunt of these vulnerabilities, and even more so in the context of conflict and displacement.

The United Nations would be well placed to assist countries affected by conflict through peacekeeping and peacebuilding efforts. In the short term, qualitative United Nations peacekeeping interventions should focus on achieving immediate gains that would mitigate the harmful effects of the epidemic. Decisive action to reduce and prevent conflict-related sexual violence could be a critical intervention in an integrated United Nations strategy. In the medium to long term, such interventions could take on a much more focused approach. An integrated global response combined with resources and expertise can help countries that require assistance to develop strategies for preventing HIV infections, especially among women and children.

Assistance for accessing universal health care by improving the health sector, strengthening health systems and devising roll-out strategies for anti-retroviral therapies is an area to which United Nations-led global action can add value in reconstructing post-conflict societies.

Joint outreach activities to conflict-affected communities by peacekeeping missions, enhanced political cooperation between the leadership of the host country and local United Nations leadership, and closer coordination with local law enforcement and health agencies could contribute substantially towards critical prevention measures at the local level to contain the spread of HIV and AIDS.

Peacebuilding efforts need to incorporate strategies that address the context-specific needs of effected communities, which may include new and prolonged conflicts, post-conflict situations, refugee camps with people in transit, stable environments, the needs of armed personnel, humanitarian workers and, most important, women and children. These interventions require a vision and commitment that are supported by long-term investment by countries emerging from conflict, with the support of the international community. These must be based on the principles we all embrace: respect for human rights, the right to dignity, safety and respect.

Through your leadership, Mr. President, the Council has added its voice to renew global efforts in combating HIV and AIDS. The resolution that you placed before us builds on previous efforts by the Council. Such efforts highlight the specific contribution that the Security Council can make in containing the spread of HIV and AIDS within this defined mandate. These mutually supportive and complementary efforts by the United Nations system are a further reaffirmation of our collective responsibility to combat HIV and AIDS.

The President: I thank the Deputy President of South Africa for his statement.

(*spoke in French*)

I now give the floor to His Excellency Mr. Alain Juppé, Minister for Foreign Affairs of France.

Mr. Juppé (France) (*spoke in French*): Just before the high-level meeting of the General Assembly on HIV and AIDS opens tomorrow, I would like to thank President Bongo Ondimba for the initiative to hold a debate on this topic, which is too often overlooked or neglected.

In 30 years, AIDS has killed some 30 million people and orphaned more than 16 million children. The Second World War is the only conflict to have claimed more victims and caused greater suffering. The international community is fully mobilized to fight this scourge. Eleven years ago, in resolution 1308 (2000), the Security Council recognized the pandemic as a threat to international peace and security for the first time. Since then, every time we have addressed the subject of AIDS, we have stressed the terrible consequences of the illness, which are not only social and human, but also economic. We have shed light on the obstacles it poses to countries attempting to recover from conflict, especially because it primarily affects women and girls, who play a fundamental role in rebuilding any society.

Given this threat, several international instruments have been established, in particular in the framework of the United Nations system. These include the Joint United Nations Programme on HIV and AIDS (UNAIDS), whose Executive Director, Michel Sidibé, I welcome here today; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the International Drug Purchase Facility (UNITAID), which is based on a French initiative and receives innovative financing. I would like to commend the work carried out by these different bodies on a daily basis.

This joint commitment has not been in vain. The numbers of deaths and new infections have been cut by 20 per cent in 10 years. Moreover, the increase in funding for programmes to fight HIV and AIDS and for the development of generic medications have allowed 6 million people in low- and middle-income countries to begin treatment. Finally, mother-to-child transmission prevention activities have opened the way for a generation to be born free of HIV. These positive results should encourage us to redouble our efforts.

Thirty-four million people are living with the disease today; seven million are infected every day. Every year, with almost 300,000 babies being born with the virus and with two people infected for every one that is placed under treatment, the epidemic continues to be one length ahead of us. It is still the most disadvantaged countries that pay the heaviest price — I am thinking in particular of the African continent, which represents 36 per cent of the people who are infected and 72 per cent of deaths associated with AIDS.

We must therefore do more. That is the meaning of the resolution we have adopted today (resolution 1983 (2011)). It is the meaning of the campaign "Be

Born without HIV" that was launched in Paris in May 2010 by Global Fund Ambassador Mrs. Carla Bruni Sarkozy. It is in this spirit that France, the second largest global contributor, increased by 20 per cent its contributions to the Global Fund for 2011-2013, which is a commitment of almost €1 billion. Over the same period, we will devote almost €300 million to UNITAID. That is also the reason that, during the last summit in Deauville, the Group of Eight reiterated its commitment to support the Global Fund and reaffirmed its determination to improve maternal health to fight against mother-to-child virus transmission.

In this context, the Security Council has a particular responsibility — first of all, to act on the factors of the spread of the disease, in particular, sex abuse. Since the adoption of resolution 1308 (2000), the Security Council has been fighting against all forms of sexual violence against women and children, which involves a zero-tolerance policy, and has made every effort so that impeccable discipline is maintained within the ranks of the Blue Helmets and the United Nations civilian staff in peacekeeping missions.

There is also the responsibility to take into account the challenges of HIV/AIDS during post-conflict and reconstruction phases, including with respect to the management of the displacement of populations.

Finally, there is the responsibility to encourage and assist in the development of national strategies to fight AIDS on the basis of the values and commitments propagated by the United Nations — respect for human rights, the decriminalization of homosexuality, attention to vulnerable populations and fighting against stigmatization and discrimination against persons living with HIV.

In spite of all of our efforts, the AIDS pandemic is a growing human and social cost, particularly for the poorest and weakest countries. Therefore, today more than ever, AIDS is a threat to international peace and security. Let us spare no efforts. Like the Secretary-General, France shares the view of a world without new infections, without discrimination and without deaths associated with AIDS. That is an enormous challenge, but it is a challenge in the service of peace. It is a challenge for all of us.

The President (*spoke in French*): I thank the Minister for Foreign Affairs of France for his statement.

Ms. Rice (United States of America): We are grateful for your personal leadership, Mr. President, in the fight against HIV/AIDS. I also thank Secretary-General Ban Ki-moon for his laudable leadership and Executive Director Sidibé of the Joint United Nations Programme on HIV/AIDS and his team for coordinating the massive global response.

I want to acknowledge that we have with us, as part of the United States delegation, President Obama's Global AIDS Coordinator, Ambassador Eric Goosby, who is directing the United States global response to the epidemic.

Just over a decade ago, thanks to the visionary leadership of Vice-President Al Gore and of my predecessor, the late Richard Holbrooke, the Security Council took a monumental step. For the first time, it addressed the threat that HIV/AIDS poses to international peace and security. With this move, the Council squarely joined the world's fight against HIV/AIDS and put the epidemic on the global security agenda.

In the twenty-first century, in our interconnected world, threats to peace and security stem not only from traditional armed conflicts. They also derive from more diffuse dangers that know no borders, including the unchecked spread of lethal disease.

We are now entering the fourth decade of our collective struggle against this global pandemic. But the Security Council's pledge to lessen the security implications of HIV/AIDS must not lose any of its urgency.

This scourge has spared no region or nation on Earth, including my own. AIDS-related illnesses have claimed more than 25 million lives, far more than the death toll of any conflict during these past 30 years. In all, more than 60 million people have been infected, and 16 million children have been orphaned.

Two decades of often heroic international efforts to extend the lives of those living with HIV/AIDS have significantly alleviated the health effects of the disease, but most people living with HIV still lack access to treatment. For every person who starts treatment, two more become infected.

Even beyond this unfathomable human toll, there are very real security consequences of HIV/AIDS. Consider first the toll on human security. It strains communities, fractures families, reduces economic

productivity, drives people into poverty and pressures health sectors that are often already struggling to cope.

But HIV/AIDS also has specific and complex links to more traditional security threats. In the past 30 years, the patterns of HIV/AIDS transmission and impact have evolved, and so has our knowledge about the disease's impact on security. We know that when conflicts end, societies are more vulnerable to HIV, a particularly cruel burden on vulnerable populations and countries struggling to rebuild after conflicts. Such States often find it especially difficult to ensure continuity of HIV prevention and AIDS treatment precisely when institutions are weak, capacities are low and displaced populations are returning to their homes.

The toll may be especially pronounced at local levels where the reach of public services is most limited. So we need to be vigilant about the toll that HIV/AIDS takes on capacity at all levels of Government and redouble our efforts to provide support.

Ten years ago we feared that AIDS incidence in military forces would be higher than in the civilian population and that peacekeepers would become a vector of transmission of AIDS. One important reason that such transmission has not occurred is the widespread adoption of effective HIV policies by many national uniformed services. For example, the military in Senegal has conducted a programme of prevention, care and treatment that has been embraced throughout the ranks, from senior leaders to the junior-most troops. The United States is proud to have partnered with more than 70 militaries worldwide to develop similar programmes, which have allowed nearly 3 million troops and family members to be tested and counselled, and more than 80,000 family members to participate in programmes to prevent mother-to-child transmission of HIV/AIDS.

We also welcome the Secretary-General's commitment to ensure that United Nations mission commanders lead by example on HIV/AIDS awareness and prevention among peacekeeping personnel, including by promoting mandatory induction training, peer education, voluntary and confidential counselling and testing and providing male and female condoms and post-exposure prophylaxis kits. We urge that these efforts be robust and consistent across United Nations missions and mission staff.

As the Secretary-General has rightly noted, "[t]he HIV response faces a moment of truth" (A/65/797, para. 4). On the one hand, we have witnessed substantial progress. Global HIV/AIDS incidence has been declining and treatment is expanding. In sub-Saharan Africa, new anti-retroviral treatments have saved hundreds of thousands of lives. We may also stand at the cusp of a breakthrough, with the discovery of a cutting-edge anti-retroviral treatment that could help treat the disease in those living with HIV/AIDS just as it serves to prevent them from transmitting the virus. We can trace this progress to a surge in global health financing and initiatives, a topic we will address tomorrow in the General Assembly. The vast majority of countries also explicitly acknowledge human rights in their national AIDS strategies, and 92 per cent of countries report that they have programmes to reduce HIV-related stigma and discrimination.

Those are impressive achievements but far too many people, especially the most vulnerable, still die unnecessarily from a preventable disease. We still lack resources globally to meet the worldwide demand for prevention, treatment, care and support. The United States remains a global leader in this area, through our direct support for anti-retroviral treatments, our increased support for mother-child health, our capacity-building partnerships with other Member States and our historic multi-year pledge of $4 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are proud to have made the founding pledge to the Global Fund and we remain today its largest single donor.

In creating the President' s Emergency Plan for AIDS Relief (PEPFAR) in 2003, the United States took another transformative step. PEPFAR is not just the largest component of the United States Global Health Initiative; it is the largest international response to a single disease that any country has ever undertaken. In conjunction with other efforts, it has transformed the lives of millions of people living with HIV in the developing world. But we cannot do it alone, and we are not doing it alone. Other donor countries must step up and do more. Affected countries must mobilize their own resources to fight this scourge and ensure treatment for their people.

In this regard, let me congratulate particularly the Government of Gabon for the good news that it will increase funding for HIV/AIDS programming by

150 per cent. That generosity will help save lives, and ultimately strengthen international peace and security.

We dare not be complacent. Our commitment to fighting HIV is not just a moral imperative; it is also a life-saving investment that bolsters security and underpins prosperity. Today let us all honour the commitments the Council made 11 years ago, not just in our adoption today of resolution 1983 (2011) but by redoubling our efforts to fight the global HIV/AIDS pandemic. It is a challenge that can only be met by us all together.

Mr. Moraes Cabral (Portugal): I thank and congratulate you, Mr. President, for convening this debate. I also thank the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their participation in our discussion and for their comprehensive briefings.

The impact of the HIV/AIDS epidemic on international peace and security is an issue to which Portugal attaches the utmost importance. Like others, we believe that it is the responsibility of the Council to increasingly address the new challenges that undermine world peace, security and stability — be it the traffic in drugs, people and guns; certain consequences of climate change, from food security to loss of territory and forced migration; development issues, as discussed under the presidency of Brazil; or the subject we are addressing today: enduring large scale epidemics as a challenge to international security.

In this context, I wish also to mention tuberculosis, which is so often associated with AIDS and which kills hundreds of thousands every year. I take this occasion to extend a warm welcome to the Secretary-General' s Special Envoy to Stop Tuberculosis, President Jorge Sampaio, who has joined us today. Allow me to commend UNAIDS and the Department of Peacekeeping Operations (DPKO) for their progress report entitled "On the Front Line", not only for the clear picture it gives us of the progress made in the implementation of resolution 1308 (2000) but also for the recommendations it includes, which provide us with a road map towards a more comprehensive response to HIV and AIDS.

Over the past three decades, HIV and AIDS have taken more than 25 million lives and infected 60 million people around the world. Not only has it been a major threat to life and human health, but it has also seriously impacted the economic and social fabric of many countries in different regions, putting at risk their stability. Resolution 1308 (2000) was indeed a milestone in the international response to the epidemic, as it acknowledged its uniquely devastating impact on all sectors and levels of society, and its threat, if unchecked, to the stability and security of many countries. Furthermore, it centred on the potential damaging impact of HIV/AIDS on the health of peacekeeping personnel, including support personnel, and called for concrete measures and international cooperation with the objective of better preparing them for their participation in peacekeeping operations.

Unfortunately, we are still confronted today with an increasing number of cases of sexual violence in the context of conflict, at a time when conflicts are themselves growing in number and intensity. When combined with HIV/AIDS, such situations become particularly explosive ones. Indeed, when those two elements are brought together, they have the potential to generate devastating consequences for whole regions and States, striking the most vital elements of society: their youth, and in particular women and children, especially when rape is used as a weapon of war and intimidation.

As we know, there is a high prevalence of HIV among women who have been victims of sexual violence. We cannot disregard this fact and its lasting consequences when we address peacebuilding strategies in post-conflict societies. Furthermore, conflict normally fosters the displacement of civilians, especially women and girls, increasing their exposure to HIV. In this context, we believe there is a need to implement effective integrated programmes that address sexual violence, HIV prevention and AIDS treatment in conflict and post-conflict settings.

Portugal commends the collaboration between DPKO and UNAIDS in addressing HIV and AIDS awareness among peacekeeping personnel, and believes that the United Nations should take the lead in setting the highest possible medical standards in protecting both United Nations personnel and the local population from this epidemic. In this regard, we welcome the measures undertaken by DPKO aimed at improving the awareness programmes for peacekeepers and peacebuilders, and, in particular, having HIV and AIDS advisers and focal points in United Nations missions. We believe that DPKO and UNAIDS efforts will have to be further complemented by ensuring that

the medical guidelines for operations are fully implemented.

It is important that countries increasingly harmonize predeployment and in-country awareness programmes, as it is important to raise awareness of peacekeeping and peacebuilding personnel of the medical risks in the mission area, as well as their capacity to deal with them. Likewise, the adoption of the comprehensive strategy to eliminate sexual abuse in the framework of United Nations peacekeeping and peacebuilding operations was a major step in the right direction. I do not doubt that an effective response to HIV and AIDS through the prevention of sexual violence in conflict and post-conflict situations will greatly contribute to increasing the capacity of United Nations missions in their tasks of protecting civilians and furthering human rights.

(*spoke in French*)

World leaders will gather here in New York over the next three days to evaluate the progress made since the historic General Assembly special session on HIV/AIDS held in 2001. In spite of all the positive developments that we have seen in the global reduction of the incidence of HIV and increased access to treatment, we must recognize that the progress is still rather fragile. It is up to the international community to reflect on our experience and on the lessons that we can and must learn, and to strengthen our efforts to ensure that in 2015 universal access to prevention and treatment are guaranteed. That will require a strong political commitment, which is the way for us to maintain the international response to HIV as a priority and the only way for us to fulfil the Secretary-General' s vision of a world free from new HIV infections, free from discrimination and free from AIDS deaths.

Sir Mark Lyall Grant (United Kingdom): I congratulate you, Mr. President, and the Gabonese delegation for bringing this issue to the Security Council today. I also welcome the presence of the President of Nigeria, the Deputy President of South Africa and the Foreign Minister of France. I also want to thank the Secretary-General and Michel Sidibé for their informative briefings.

We warmly welcome the unanimous adoption of resolution 1983 (2011). This resolution and today's debate send a strong message that the HIV epidemic still has a serious impact on international peace and security. Taking action on HIV and AIDS remains a key priority for the United Kingdom. We look forward to agreeing on a strong statement of commitment at this week' s high-level meeting of the General Assembly.

The United Kingdom welcomes the concerted action taken across the United Nations system to combat the HIV epidemic. We are committed to the vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. In support of our collective efforts to achieve targets set out in the Millennium Development Goals, the United Kingdom warmly welcomes the leadership and guidance shown by the Joint United Nations Programme on HIV/AIDS, including in its Outcome Framework for 2009 to 2011.

In the past, the Security Council has focused on minimizing the chances of transmission from United Nations peacekeepers to local populations. We have called for greater focus on implementing HIV and AIDS awareness programmes within national militaries. We have seen how Member States providing troops to United Nations peacekeeping operations have made concerted efforts in the past decade to provide sufficient prevention, treatment, care and support to their personnel. We should be proud of significant improvements.

But we should also remain concerned at the high number of fatalities and repatriations due to HIV and AIDS-related illnesses among United Nations peacekeepers deployed overseas. Today, United Nations peacekeepers are more likely to die from illness than from activities undertaken to fulfil their mandate. We owe it to those men and women, who risk their lives in the pursuit of international peace, to understand why that should be the case, and then to do something about it.

Tackling HIV and AIDS among peacekeeping personnel is essential. But both peacekeepers and the communities they are protecting are susceptible to HIV and AIDS. As our understanding of the HIV epidemic has developed, so we have together seen considerable improvements in the methods we use to tackle it. We used to fear that during the fog of war itself, the unchecked spread of HIV and AIDS could have a debilitating effect on peace and security. We now understand that the risk of infection can be even greater in communities emerging from violent conflict.

United Nations peacekeeping operations, with their military, police and civilian elements, are well placed to engage with vulnerable communities that have been affected by conflict in order to ensure that the epidemic does not gain a foothold among them. We believe that we should see United Nations peacekeepers as positive agents for change in our efforts to combat the spread of HIV and AIDS in post-conflict societies.

We encourage peacekeeping operations to incorporate HIV awareness in the execution of their mandates. Such activities may involve awareness training for demobilized combatants or HIV education programmes pursued in tandem with initiatives to combat sexual and gender-based violence. The United Kingdom welcomes the outreach to local communities already seen in a number of United Nations peacekeeping operations. Peacekeeping operations can effect real change on the ground.

In recent months, we have discussed in this Chamber ways to combat the disturbing incidence of sexual violence used as a weapon against vulnerable communities. We have heard how sexual exploitation and abuse have the ability to prey on those parts of the community that are most vital to longer-term peace and stability. The risk of HIV infection and the burden that the disease can place on the very fabric of local communities are additional horrors from which those communities require protection.

We have discussed at length whether the spread of HIV and AIDS constitutes a threat to international peace and security. The United Kingdom believes that we have an obligation to such communities to consider, from time to time, whether the Security Council has a complementary contribution to make in our overall efforts to combat the spread of HIV and AIDS. It is for that reason that we thank you, Mr. President, for bringing this important issue to the attention of the Council today.

Mr. Churkin (Russian Federation) (*spoke in Russian*): We are grateful to you, Mr. President, for having taken the initiative to hold today's very timely meeting of the Security Council, on the eve of the high-level meeting of the General Assembly, where Member States will adopt a comprehensive political declaration on the key areas for a global response to the challenges of HIV/AIDS.

Surmounting that complex threat requires comprehensive and coordinated work by the entire United Nations system. Of particular importance are coherent actions and appropriate distribution of tasks among the General Assembly, the Security Council and the Economic and Social Council, in accordance with their prerogatives under the Charter. It is important that the Security Council's actions in that area are incorporated into system-wide efforts. The Council should continue to focus on considering the issue of fighting HIV/AIDS in the context of conflict and post-conflict situations, including during United Nations peacekeeping operations. That is where we see the real added value of its contribution to the collective work of the United Nations.

HIV/AIDS is not a source of conflicts, but conflicts create conditions that contribute to the spread of the epidemic and also complicate efforts to curb it. Affected countries require appropriate and targeted support from the United Nations. In that connection, we welcome the coordination and cooperation between the Secretariat's Department of Peacekeeping Operations and the Joint United Nations Programme on HIV/AIDS. On the whole, we agree with their approaches and assessments of priority areas for work.

Since the adoption of the milestone resolution 1308 (2000) of the Security Council, some progress has been made. At the same time, the ongoing burden of HIV/AIDS in countries where United Nations peacekeeping operations are under way requires continuous efforts to react to the challenges of the epidemic.

Of particular importance is possible assistance from peacekeepers in efforts by specialized international bodies to prevent HIV/AIDS among the civilian population, to overcome social alienation and discrimination due to HIV/AIDS and to create and build relevant national capacities, in cooperation with national and local governmental bodies and the population. We should look at ways to ensure the continuity of measures begun in the framework of peacekeeping operations during longer-term peacebuilding processes.

We favour additional efforts to reduce the risk of HIV/AIDS for military and civilian staff of United Nations peacekeeping operations. The idea of introducing the posts of HIV/AIDS special advisers and coordinators in peacekeeping operations deserves

to be studied. Also significant is working with troop- and police-contributing countries to provide appropriate preparation of personnel before the deployment of missions and to improve relevant national prevention policies and programmes targeting uniformed personnel.

We must be aware that women and children continue to be one of the most vulnerable categories in the context of HIV, particularly in conflict and post-conflict situations. They are frequently either combatants or victims of sexual exploitation by parties to conflict. The epidemic also negatively affects the potential of women to participate in conflict prevention and settlement. A whole range of Security Council resolutions on women, peace and security have laid a solid foundation for work in that area.

The United Nations Secretariat should take appropriate steps to develop approaches and implement measures for United Nations peacekeeping forces to respond to HIV/AIDS. Moreover, the leadership of United Nations missions should carry out practical actions at the country level, in coordination with United Nations funds, programmes and specialized agencies, including the World Health Organization, the United Nations Children' s Fund, the United Nations Development Programme and the United Nations Population Fund.

In conclusion, I would like to reaffirm that the task of overcoming the global HIV/AIDS epidemic is a priority for Russia. Our country actively participates in international efforts in that area, including as a donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We have contributed $317 million to the Fund. In our view, the special role of the United Nations is to mobilize, coordinate and implement a common response to HIV/AIDS. Once again, we emphasize the importance of coordinated actions by all parts of the Organization in that area.

Mr. Hardeep Singh Puri (India): We are deeply honoured, Mr. President, by your presiding over the Council at this debate. Please allow me to join other delegations in welcoming you to New York. We would also like express our appreciation for your delegation's efforts in organizing this debate and during the negotiation of resolution 1983 (2011). My thanks are also due to the Secretary-General, His Excellency Mr. Ban Ki-moon, and to the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé, for their statements.

HIV/AIDS is a scourge of our times. It has caused untold misery affecting the lives of millions of people across the globe, though some parts of the world have been more adversely affected by HIV and AIDS than others. It is a matter of some satisfaction that since HIV became known, the efforts of the international community and national Governments have begun to show some positive progress in our ability to tackle HIV and AIDS.

The need of the hour is to accelerate those efforts and ensure that the international community is intense in its support of national efforts. The lack of a firm commitment to provide financial resources so that developing countries may bolster their prevention and treatment systems, including through capacity-building, and the high cost of medicines — exacerbated by trade and intellectual property right barriers for generics — require the international community's serious and immediate attention.

For our part, in India we have striven with all determination to control and tackle the spread of HIV and AIDS, with a massive national AIDS control programme at the centre of our efforts. The targeted intervention programme is buttressed with more broad-based awareness and educational programmes. In addition, the involvement of communities and civil society at all stages of policy has also provided a necessary impetus in our success.

The latest statistics show an overall reduction in adult HIV prevalence and new infections in India. Adult HIV prevalence declined from 0.41 per cent in 2000 to 0.31 per cent in 2009. Moreover, the estimated number of new HIV infections fell by more than 50 per cent over the past decade, from 270,000 in 2000 to 120,000 in 2009. However, our disease burden in absolute terms is high, at 2.27 million, and it is estimated that nearly 172,000 people have died of AIDS and related illnesses in India.

India's contribution to the global fight against HIV and AIDS has gone well beyond our national boundaries. Dubbed "the pharmacy of the world", our pharmaceutical companies have been in the forefront in ensuring a supply of and access to safe, effective, affordable and good-quality generic antiretroviral treatments for HIV and AIDS to other developing countries in dire need of such medicines.

The immense challenge posed by the spread of HIV/AIDS has had across-the-board implications for societies on the economic, social, legal and moral fronts. It has weakened the ability of affected people and societies to pursue progress in improving their well-being.

With the highest prevalence rates and heaviest disease burdens being in societies that have nothing to do with conflict, HIV and AIDS have not created conditions of instability and insecurity, notwithstanding the apprehensions expressed in resolution 1308 (2000). We must, however, recognize the possibility that the epidemic may be fuelled in situations of armed conflict and in post-conflict situations, where there is also a lack of information and credible data on the magnitude of HIV and AIDS. It is critical that the United Nations response in the field in such situations is cognizant of this fact. United Nations mission leaders, be they civilian or military, should be sensitive to this important global public health challenge.

We welcome the incorporation of HIV-awareness activities into the mandated activities of peacekeepers and outreach projects for vulnerable communities. Uniformed peacekeeping personnel can also be effective agents of change in such missions. We also strongly support the introduction of HIV and AIDS preventive measures as part of the preparation and discipline of peacekeeping forces. Well-informed United Nations mission personnel in the field can make a significant difference to the success of such additional tasks assigned to them.

In that context, I would like to mention the abhorrent and intolerable practice of sexual violence in situations of armed conflict, which can lead to the spread of HIV and AIDS. We strongly support orienting United Nations operational and peacekeeping activities towards recognizing the plight of women and children in conflict areas and working proactively towards preventing violence against them.

The General Assembly is convening a high-level meeting on HIV and AIDS tomorrow, in the presence of a large number of heads of State and Government and ministers. We should not allow the vision of a world without HIV and AIDS to remain a dream. We are hopeful that the new declaration, which the Assembly will adopt on Friday, will demonstrate the strong commitment of the international community to face this global challenge in a resolute and determined manner.

Mr. Li Baodong (China) (*spoke in Chinese*): I would like to thank Gabon for its initiative in organizing today's meeting, and to welcome President Bongo Ondimba in coming to preside over it. I also wish to thank Secretary-General Ban Ki-moon and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé, for their statements.

HIV/AIDS poses a serious threat to human life. In recent years, thanks to the joint efforts of the international community, great progress has been made in the prevention and treatment of HIV/AIDS. However, there are still more than 60 million people worldwide living with or infected with HIV/AIDS. The situation is especially serious in sub-Saharan Africa. In some countries in conflict or post-conflict situations, poverty, lack of medical facilities and massive population displacement are all factors likely to worsen the spread of HIV/AIDS, which in turn affects the economic development and social stability of the countries concerned.

I would like to make four points.

First, it is important to strengthen international cooperation and implement in earnest the relevant declarations and resolutions adopted by the General Assembly and the Security Council. In 2001 the General Assembly held a special session on HIV/AIDS and adopted a Declaration of Commitment (resolution S-26/2). Tomorrow, the Assembly will once again hold a high-level meeting on HIV/AIDS and will adopt a set of outcome documents. Since 2000, the discussion of HIV/AIDS in the Council has also raised the profile of this issue on the international agenda. Now the international community must translate commitments into concrete action and make greater efforts in the fight against HIV/AIDS.

Secondly, developed countries must honour their commitments effectively and provide the necessary financial and technical assistance to developing countries. HIV/AIDS medicines, treatment and care are costly, and developing countries face serious difficulties with their HIV/AIDS response in terms of financing and technology. The developed countries should therefore extend a helping hand

to them. International organizations and funds, including the United Nations, must strengthen their cooperation and assist developing countries, especially those in sub-Saharan Africa, in their fight against HIV/AIDS.

Thirdly, it is important to give special attention to the issue of AIDS in countries in conflict or post-conflict situations. The Security Council and the Peacebuilding Commission must give adequate attention to the needs of the countries on their agenda with regard to dealing with HIV/AIDS. In addition, the consequences of HIV/AIDS must be fully taken into account when drawing up plans for post-conflict reconstruction, security sector reform and the reintegration of former combatants.

Finally, it is important to strengthen the United Nations HIV/AIDS response within its peacekeeping operations. China welcomes the initiatives taken by the Department of Peacekeeping Operations, as called for by the Council in its resolutions, to enhance awareness about HIV/AIDS among peacekeepers and to amend the code of conduct for peacekeepers. We wish also to see continued cooperation and coordination between the Department of Peacekeeping Operations and UNAIDS.

Mrs. Viotti (Brazil) (*spoke in French*): Mr. President, Brazil welcomes your initiative of holding this important debate. We welcome also the presence of the President of Nigeria, the Deputy President of South Africa and the Minister for Foreign Affairs of France. I should like to thank the Secretary-General for his statement and to congratulate Mr. Michel Sidibé for the outstanding work he has done at the head of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

(*spoke in English*)

The fight against the HIV/AIDS epidemic has been a priority for Brazil at both the domestic and international levels. We understand all too clearly the menace posed by the epidemic, and we have dedicated our political attention and resources to combating it and supporting those living with it.

Internally, our public health system has pioneering HIV/AIDS treatment policies that cover more than 600,000 people living with the virus, including through the provision of antiretroviral treatment free of charge. As a result, the incidence of HIV in Brazil has stabilized and is now starting to decline.

Internationally, we have helped lead the charge in favour of universal access to affordable medicine. In the General Assembly, the Economic and Social Council, the World Health Organization, the World Trade Organization and other relevant bodies, we have been a firm voice in favour of a strong and coherent international response to the challenge of HIV/AIDS.

We have sought to share our experience in dealing with the virus with other developing countries through technical cooperation. The setting up of a factory for the production of antiretroviral drugs in Mozambique and the provision to several nations of training in dealing with HIV/AIDS are examples of this cooperation.

In this light, we appreciate Gabon's decision to bring the issue of the HIV/AIDS epidemic back into the debates of the Security Council.

The high-level meeting of the General Assembly, which begins tomorrow, will be a unique opportunity for the United Nations to make a strong political statement and step up the fight against the pandemic.

Brazil is of the view that today's debate is an opportunity for the Council to show support for the General Assembly meeting and to underline its readiness to do its part by addressing HIV/AIDS in the context of international peace and security. In dealing with this issue, the Council should focus on the impact of HIV/AIDS on aspects related to its agenda — conflict and post-conflict situations, peacekeeping operations, and sexual violence in situations of conflict.

Over the past decade, our understanding of the impact of HIV/AIDS on security and conflict has evolved considerably. Some of the direst predictions of the past, such as the collapse of entire States as a result of the epidemic, fortunately have not come to pass. Nevertheless, we have witnessed the many insidious ways in which HIV can magnify conflict and aggravate suffering.

As a cross-cutting issue with an important human rights dimension, HIV/AIDS is a complex problem that demands complex solutions. We must address how HIV/AIDS hampers the emergence of sustainable peace and how it affects peacebuilding. We must find creative ways for peacekeeping mis-ions to support

local authorities in combating HIV/AIDS and to help in the field of prevention and in providing treatment, care and support to those living with the virus. The human rights components of peacekeeping missions can play an important role in that regard.

The issue of HIV/AIDS is also closely linked to the Council's consideration of the issue of women in conflict and post-conflict situations. In particular, the intersection between HIV/AIDS and conflict-related sexual violence is real and troubling. We deplore the grave harm caused to victims of sexual violence who find themselves infected with the virus as a result of such attacks, and we underline the need for the Council to act to help provide assistance to the victims.

We are pleased that the resolution we have adopted today touches on all of those issues and lays the basis for a more systematic analysis of the impact of the epidemic on situations of conflict.

In closing, I would like to underline that today's debate is part of a larger discussion about how social and economic factors influence the dynamics of conflict. This is an issue of particular interest to Brazil, which we took up during our presidency of the Council, in February. We remain convinced that achieving sustainable peace after conflict requires a broad approach that looks beyond security and takes into account the need for peoples to fully enjoy development and human rights. The discussion on HIV/AIDS and conflict moves us closer to that goal.

Mr. Barbalić (Bosnia and Herzegovina): I would like to commend you, Mr. President, for having convened this meeting. We welcome the presence of the President of Nigeria, the Deputy President of South Africa and the Minister for Foreign Affairs of France. Our appreciation also goes to Secretary-General Ban Ki-moon and to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for their insightful remarks.

Eleven years after the adoption by the Security Council of its landmark resolution 1308 (2000), and following the adoption by the General Assembly of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, this debate offers us the opportunity to update the conceptual approach to this issue and take stock of the progress achieved.

Security conditions certainly influence the spread of HIV, which has a negative impact on all sectors and levels of society. It destabilizes the economy and contributes to the instability of societies. The HIV epidemic, exacerbated by conditions of violence and instability, increases the risk of exposure to the disease as a result of mass movements of people, widespread uncertainty, reduced access to medical care, and conflict-related sexual violence committed by members of armed groups. Populations fleeing conflict areas, displaced persons or refugees in camp settings are more likely to be vulnerable.

Peacekeeping operations and their personnel, as an indispensable tool of the United Nations, can play an important role in raising HIV/AIDS awareness and providing means of prevention in post-conflict settings, because peacekeepers do not operate in isolation from local communities.

We commend the efforts made by UNAIDS and the Department of Peacekeeping Operations with regard to the education and training of peacekeepers. There is a need to further strengthen the process of voluntary counselling and testing in United Nations-mandated missions. Training peacekeepers in gender awareness and child protection and the ability to recognize and respond to sexual violence and exploitation will not only influence their behaviour, but also bring added value to the positive role of peacekeepers as agents of change.

Member States should be encouraged to institutionalize the process of the voluntary and confidential testing of all uniformed personnel and staff sent to peacekeeping missions and to develop means of tracking national policies. Given the sensitivity of this issue, all members of the police and armed forces of Bosnia and Herzegovina participating in peacekeeping operations are tested for HIV/AIDS and attend pre-deployment training on HIV/AIDS awareness.

It must be emphasized that in some situations HIV can negatively affect and be an obstacle to gender empowerment and the full involvement of women in peacebuilding efforts. Greater protection of women and girls has been emphasized through the adoption of Security Council resolutions 1820 (2008), 1888 (2009), 1889 (2009) and 1960 (2010).

We underline that UNAIDS, the United Nations Population Fund (UNFPA), the Department of

Peacekeeping Operations and other relevant actors should work closely with local communities, targeting vulnerable groups of persons. They can also be part of broader activities for disarmament, demobilization and reintegration and security sector reform in peacekeeping efforts. Addressing HIV/AIDS initiatives in peacekeeping must be a joint effort involving Member States, troop- and police-contributing countries, United Nations agencies and host countries. Fighting the spread of HIV requires combined commitment, cooperation, creativity and resources.

An effective response to HIV/AIDS by Member States requires clear and attainable national strategies and goals. For that reason, although in the group of countries with a low HIV/AIDS prevalence, Bosnia and Herzegovina has developed a strategy to prevent and combat HIV/AIDS in order to ensure our strategic response to the growing HIV/AIDS problem in the world. Post-conflict planning needs to include HIV programming and to address specific gaps in civilian capacities.

Complementarity and cooperation among all United Nations bodies and agencies are necessary. International actions, such as a response to conflict-related sexual violence or national efforts to address the problem of HIV and AIDS, must be better coordinated and intensified. The responsiveness of various actors within the United Nations system entails optimal solutions in order to achieve meaningful and concrete results. The Security Council, the General Assembly, the Economic and Social Council and other bodies, such as UNFPA, UNICEF or the World Health Organization, need to harmonize their activities in that complex undertaking.

Lastly, I would like to emphasize that HIV/AIDS, a disease that knows no boundaries, no gender or race, or even age difference, has become a global concern. On the other hand, world peace depends not only on securing borders, but also on securing people against threats and risks to their security. Through its work, the Council is undoubtedly committed to seeking solutions and to addressing the challenges that may arise. Resolution 1983 (2011) is a clear expression of our collective will and continuous efforts to enhance the responsibility for maintaining international peace and security.

Mr. Osorio (Colombia) (*spoke in Spanish*): I wish to join my colleagues, Mr. President, in expressing appreciation for your presence here to preside over the Security Council and lead this debate on the most tragic pandemic that humankind has experienced. I would also like to convey my respectful greetings to the President of Nigeria, the Deputy President of South Africa and the Minister for Foreign Affairs of France, who are here with us today. I would like to thank the Secretary-General for his comprehensive and extensive report (A/65/797) and Mr. Michel Sidibé, as well as his team, for his commitment and dedication at the head of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The figures on the devastating consequences of AIDS are alarming: 30 million dead and 34 million living with HIV worldwide is a frightening thing. Today, however, it is encouraging to hear that prevention strategies are paying off and that, between 2001 and 2009, the global rate of new HIV infections fell by almost 25 per cent.

However, the reduction in international investments at a time when the AIDS response is having results is of concern. The shortfall in resources foreseen by UNAIDS for 2015 jeopardizes the achievement of Millennium Development Goal 6, in particular the target on reducing new infections.

We hope that the agreement to be reached in the framework of the high-level meeting that the General Assembly will begin tomorrow will reflect the urgency of securing the necessary resources to maintain that positive trend and to make the goal of achieving universal access to HIV prevention, treatment, care and support by 2015 a reality.

The opposite would be a setback to the commitments of the heads of State and Government reflected in the 2006 Political Declaration on HIV/AIDS to ensure the availability of additional funds for countries to have access to predictable and sustainable financial resources; to ensure that international funding is consistent with national plans and strategies on HIV and AIDS; and to increase investment in research and the development of safe and affordable drugs, products and new technologies.

My country is convinced that the fight against HIV and AIDS benefits from an approach based on respect for human rights and the safeguarding of human dignity. It is necessary to redouble efforts to eradicate the stigma and discrimination that affected populations still suffer, and that are an obstacle to

controlling the epidemic. It is also necessary to strengthen sexual education programmes that are based on respect for human rights and to encourage the exercise of sexual and reproductive rights with a clear gender perspective and respect for differences.

That approach should be accompanied by the adequate provision of quality and timely social services. Given that the poorest communities are more vulnerable, preventive strategies should be considered not only as HIV and AIDS projects, but primarily as development projects that have a lasting impact on the epidemic. However, national efforts are not enough without the technical and financial cooperation of the international community. The joint work of States and international cooperation agencies is essential to overcome the gaps in access that still exist, to address the most vulnerable populations, to implement comprehensive preventive strategies, to ensure adequate supplies for diagnosis and treatment and to strengthen epidemiological studies.

The Secretary-General notes a reduction in the number of countries that allow flexible rules in intellectual property rights standards and an increase in bilateral and regional agreements that can undermine the capacities of countries to develop access to essential medicines. In that regard, bearing in mind that the Agreement on Trade-Related Aspects of Intellectual Property Rights does not prevent Member States from taking measures to protect public health, the international community should reaffirm its commitment to interpreting and implementing the Agreement in such a way as to support the right to protect public health and, in particular, to promote access to medicines, including the production of generic anti-retrovirals and other essential drugs to combat AIDS-related infections.

Colombia recognizes that the magnitude of the HIV epidemic requires comprehensive and coordinated action by the international community and that the actions of the United Nations system to provide a comprehensive response to the epidemic should continue to be discussed and agreed within the General Assembly as the Organization's universal body. However, in the context of the responsibilities under the Charter, the Security Council can play an important role in the promotion and integration of prevention programmes, treatment, care and support during the implementation of the tasks assigned to peacekeeping operations and in ensuring the continuity of such strategies during post-conflict transition and peacebuilding processes.

We appreciate the holding of this important debate as an opportunity to review the progress made on implementing previous mandates. We also endorse resolution 1983 (2011) as a strong sign of renewed political will to improve the global response to the HIV epidemic, to reduce vulnerability and to strengthen cooperation to achieve the goal of zero new infections, zero discrimination and zero AIDS-related deaths.

Mr. Berger (Germany): I would like to thank you, Mr. President, for convening and personally presiding over today's meeting. We appreciate Gabon's initiative to bring the issue of HIV/AIDS and international security to the attention of the Security Council again. Germany believes that resolution 1983 (2011), adopted today, is a significant step in tackling this important issue. I would particularly like to thank the Secretary-General and Mr. Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS, for their insights.

Eleven years after the adoption of the pioneering resolution 1308 (2000), HIV/AIDS still constitutes a threat to international stability. It impacts on whole societies, and sometimes even regional and international security. The risk of exposure to the disease continues to be especially high in conflict and post-conflict situations, as well as during transition processes. On the one hand, the epidemic destroys social structures and networks, thus creating more misery in already shaken societies and increasing the potential for social unrest. As a consequence, HIV and AIDS can be considered as one of the causes of political weakness, State fragility and conflict aggravation.

On the other hand, conflict and tensions exacerbate the problem of HIV and AIDS within societies. International support, health education, access to prevention, adequate medication, hospitals and treatment for HIV patients prove to be difficult or nearly impossible in some conflict situations, thus causing mo[illegible] rapid spread of the disease. As a result, populations are not only directly endangered by conflict but also indirectly by the spread of diseases such as HIV.

UNAIDS estimates that the prevalence of HIV/AIDS is three to four times higher among armed forces and armed groups than among the general

population. As we know, women and children are often the main victims of conflict. Rape, which is all too often used as a weapon of war, also adds to the spread of HIV among civilians. HIV adds to the stigma and discrimination that victims of sexual violence oftentimes face.

In many conflicts, children are recruited and misused as soldiers, sexually exploited and abused. Under these conditions they are especially vulnerable to infection, and are therefore not only traumatized but often also stigmatized for life. Germany is convinced that children deserve special protection in armed conflict and, if needed, must be provided with special HIV-related health care. We have set up a number of projects to attend to former child soldiers and girls who have been sexually exploited by armed groups, including child mothers, to provide them with HIV counselling and care — for example in Eastern Congo.

In the post-conflict transitional phase, the transmission of HIV constitutes a particular danger. There is high population mobility after conflict, when displaced persons find refuge in camps, refugees return home and combatants are demobilized. Infected persons pose a high risk of contagion to their extended families and communities. Germany considers it essential that voluntary testing and counselling be provided, and anti-retroviral drugs supplied, in order to prevent the further spread of the disease.

During transition processes, when Government structures are not yet established or functional, it may be difficult to apply health programmes or to develop and implement policies against HIV. An effective international response in providing and ensuring HIV-related assistance may have to rely on the establishment of local health centres that provide direct assistance to the population. Germany is actively engaged in fighting HIV and AIDS at the local level and has established health centres in several African regions, including in the Democratic Republic of the Congo.

Resolution 1308 (2000) focused in particular on the potential of HIV/AIDS to impact the health of United Nations peacekeepers. Germany commends the Department of Peacekeeping Operations and UNAIDS for all the progress they have achieved in addressing HIV/AIDS among peacekeepers, and uniformed personnel more generally. However, it is clear that more needs to be done to reduce the number of HIV/AIDS-related deaths among peacekeepers. There has to be a continued emphasis on strengthening national prevention, counselling and treatment programmes. We would also encourage Member States to develop more specific strategies for personnel participating in peacekeeping operations, including awareness-raising and voluntary confidential counselling and testing.

In conclusion, I would like once again to thank Gabon for having organized this debate, which has clearly underlined that threats to international peace and security are multifaceted. We believe that in this, as in other matters, the Security Council needs to adopt a broad strategy of conflict prevention that addresses the root causes of conflict in a comprehensive manner.

Mr. Salam (Lebanon): First, I wish to thank you, Mr. President, for organizing today's debate and for honouring us with your presence. Allow me also to welcome the President of Nigeria, the Deputy President of South Africa and the Minister for Foreign Affairs of France. We also thank Secretary-General Ban Ki-moon and Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS, for their comprehensive briefings.

Globally, a significant proportion of people living with HIV/AIDS — between 8 and 10 per cent — are affected by conflict, humanitarian crises and displacement. The relationship between the prevalence of HIV and conflict is a complex and dynamic one that varies from one conflict to another. A better understanding of that relationship is crucial for the development of effective and efficient strategies to reduce the risk of infection in conflict and post-conflict settings. Many factors in those settings may increase a population's vulnerability to HIV. Massive and uncontrollable migration, the collapse of health services, the decline of literacy and access to basic prevention information increase a population's vulnerability to HIV in times of war. Conflict-related sexual violence in particular accelerates HIV transmission, and often becomes an automatic death sentence for victims who too often have little or no access to health care.

Through resolution 1308 (2000), the Security Council expressed its commitment to addressing HIV as a devastating public health threat. Other milestone resolutions followed on the issues of sexual violence, the protection of civilians and other cross-cutting

matters, further enhancing our collective response to this epidemic in the context of conflicts. However, more than 10 years since the adoption of resolution 1308 (2000), many challenges persist. Allow me to make a few brief comments in that regard.

First, in order to more fully understand the complex factors that impact on HIV/AIDS in conflicts, more data needs to be compiled within the United Nations system, and programmatic experiences and best practices need to be shared to help guide policy decisions, advocacy and programming in conflict and post-conflict societies. Close coordination with local and national AIDS initiatives is essential in order to avoid the duplication of efforts.

Secondly, it is essential to mainstream HIV/AIDS prevention and care policies in conflict prevention, peacekeeping operations and humanitarian responses to conflicts. Peacekeepers can play a decisive role as advocates for awareness and prevention of HIV transmission, and need to be adequately equipped, trained and mandated to fulfil that goal. Their practices should be aligned with the ultimate goal of a universal standard for HIV and AIDS prevention, treatment and care.

Thirdly, the international community should maintain sustained attention in conflict societies with high HIV prevalence, even beyond the life span of a peacekeeping mission. Post-conflict transitions in particular are a period of heightened vulnerability to HIV transmission. The international community should assist national Governments during this period to strengthen State capacity in the health sector and the delivery of basic service. Support should be provided to national Governments in formulating their policies to respond to HIV during post-conflict transitions, especially in the context of disarmament, demobilization and reintegration and security sector reform. It is also important during this period to foster community resilience, engage civil society and base the response to the epidemic on a framework of participation and inclusiveness.

Finally, the health and lives of ordinary individuals should be at the centre of our attention in our endeavours to respond to HIV/AIDS in conflicts. No efforts should be spared to preserve human lives and dignity.

The President (*spoke in French*): There are no further speakers inscribed on my list. The Security Council has thus concluded the present stage of its consideration of the item on its agenda.

The meeting rose at 12.50 p.m.